

HOMEBOUND ASSESSMENT FORM (ATTACHMENT 4-A)

Home Health Agency: _____ CMA Case#: _____
Beneficiary Name: _____ HIC: _____

Note: All answers MUST be accompanied by specific reference to the document(s) and date(s) of documents(s) contained in the medical record.

The entire medical record must accompany this form, in accordance with the instructions in Section 13 of this Informational Packet

A patient's homebound status can change. All answers should reference the patient's condition as reflected during the periods for which you are required to bill. If the patient was homebound for some periods, and not others, please indicate those periods for which the patient *was* homebound.

1. The patient WAS homebound during the following period(s):

From _____ Through _____
From _____ Through _____
From _____ Through _____

2. Answer all of the following items for the periods during which you believe the patient was NOT homebound:

A. Is the patient able to leave home independently and without any restrictions?

Yes No

Name of document(s) supporting this statement:

Date(s) of document(s):

B. If no to Section A, does the patient normally require assistance to leave home?

Yes No

Patient leaves with the assistance of:

Cane Other assistive device (Specify) _____
 Walker Another person
 Crutches None of the above
 Wheelchair

Name of document(s) supporting this statement:

Date(s) of document(s):

C. Does it require a considerable and taxing effort for the patient to leave the home? Yes No

Name of document(s) supporting this statement:

Date(s) of document(s):

D. If the patient left home, what was the reason for leaving home?

IMPORTANT: Do NOT cite absences for attendance at adult day care, medical appointments or religious services, all of which are permissible absences from home under the applicable Medicare law. (See Page 3 of this form for Homebound definition.)

You may make multiple references using the spaces below. (For example: “Left home to go bowling, 1 time per week for 3 hours each absence. See Nursing Narrative Notes, May 23, 2015; June 30, 2015; October 7, 2015”)

- Reason for absence:

Frequency and duration of such absence: _____ per week; _____ hours each absence

Name of document(s) and dates of document(s) supporting these statement:

- Reason for absence:

Frequency and duration of such absence: _____ per week; _____ hours each absence

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- Reason for absence:

Frequency and duration of such absence: _____ per week; _____ hours each absence

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Name of document(s) and dates of document(s) supporting these statement:

- Reason for absence:

Frequency and duration of such absence: _____ per week; _____ hours each absence

Name of document(s) and dates of document(s) supporting these statement:

PROVIDE THE FOLLOWING INFORMATION ALONG WITH THIS ASSESSMENT FORM

Please submit electronically to the Center's FTP site if possible. Provide the entire medical record, including, but not limited to:

- *NEW* Face to Face from the most recent Medicare episode
- *NEW* Supporting Documentation from most recent Face to Face encounter (with or without Medicare certification) with the community physician, non-physician practitioner, acute care or post-acute care facility
- Home Health Certification and Plans of Care (Form 485)
- Interim doctors' orders and progress notes (valid verbal orders)
- Skilled Nursing notes and flow sheets
- Therapy notes, including initial evaluation and discharge summary
- Home Health Aide documentation
- Social Worker documentation
- Finite and predictable end point to daily care (if applicable)
- OASIS forms corresponding to each episode of care
- Medicare Advanced Beneficiary Notices (ABN) issued
- Any other documentation that is pertinent to homebound status

MEDICARE HOMEBOUND DEFINITION*

MEDICARE ACT

42 USC §1395f(a)(2)(C); 42 USC §1395n(a)(2)(A)(i)

...For purposes of paragraph (2)..., an individual shall be considered to be “confined to his home” if the individual has a condition, due to an illness or injury, that restricts the ability of the individual to leave his or her home except with the assistance of another individual or the aid of a supportive device (such as crutches, a cane, a wheelchair, or a walker), or if the individual has a condition such that leaving his or her home is medically contraindicated. While an individual does not have to be bedridden to be considered “confined to his home”, the condition of the individual should be such that there exists a normal inability to leave home and that leaving home requires a considerable and taxing effort by the individual. Any absence of an individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapeutic, psychosocial, or medical treatment in an adult day-care program that is licensed or certified by a State, or accredited, to furnish adult day-care services in the State shall not disqualify an individual from being considered to be “confined to his home”. Any other absence of an individual from the home shall not so disqualify an individual if the absence is of infrequent or of relatively short duration. For purposes of the receding sentence, any absence for the purpose of attending a religious service shall be deemed to be an absence of infrequent or short duration....

* Legal definition of “confined to home” (Homebound) for purposes of qualifying for Medicare Home Health coverage.